



2009 Iowa Mobile/Manufactured/Modular Home Owner Application For Reduced Tax Rate

Claimant's Last Name	Claimant's First Name	Claimant's Social Security Number / /	Claimant's Birth Date / / Month Day Year	County Number _ _
Spouse's Last Name	Spouse's First Name	Spouse's Social Security Number / /		
Street Address			Do Not Write In This Space ▲	
City, State, Zip Code				

Were you 23 years of age or older on 12/31/08? YES NO
☐ ☐

2008 Household Income

Use Whole DOLLARS Only

1. Wages, salaries, tips, etc. _____	<input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> <input type="text"/>
2. In-kind assistance for housing expenses _____	<input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> <input type="text"/>
3. Title 19 Benefits (excluding medical benefits) _____	<input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> <input type="text"/>
4. Social Security income _____	<input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> <input type="text"/>
5. Disability income _____	<input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> <input type="text"/>
6. All pensions and annuities _____	<input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> <input type="text"/>
7. Interest and dividend income _____	<input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> <input type="text"/>
8. Profits from businesses and/or farming and capital gains. If less than zero, enter 0 (see instructions) _____	<input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> <input type="text"/>
9. Actual money received from others living with you (see instructions) _____	<input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> <input type="text"/>
10. Other income (Read instructions before making this entry) _____	<input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> <input type="text"/>
11. ADD amounts on Lines 1-10, enter here. (If \$20,031 or greater, no credit is allowed) _____	<input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> <input type="text"/>

This is your total household income.

I declare under **penalty of perjury** that I have reviewed this claim and to the best of my knowledge and belief, it is true, correct and complete.

Claimant's Signature Date ()

Claimant's Telephone Number

For Use by County Treasurer Only

Income	Reduced Tax Rate	Sq. Footage _____
\$ 0.00 - 10,318.99	0	Year of manufacture _____
10,319 - 11,532.99	.03	If year of manufacture is 2000 -2003, apply 90% factor.
11,533 - 12,746.99	.06	If year of manufacture is 1999 or before, apply 80% factor.
12,747 - 15,174.99	.10	Regular Tax _____
15,175 - 17,602.99	.13	Reduced Tax _____
17,603 - 20,030.99	.15	Reimbursement _____

This claim must be filed with your county treasurer by June 1, 2009, unless the treasurer extends the filing deadline to September 30, 2009. The Director of Revenue may extend the time for filing through December 31, 2009.



2009 Iowa Mobile/Manufactured/Modular Home Owner Application For Reduced Tax Rate Instructions

WHO IS ELIGIBLE:

You are eligible to claim a reduced tax rate if your 2008 household income was less than \$20,031 and you were 23 years of age or older as of December 31, 2008. Household income includes income of the claimant and the claimant's spouse, if living together, and monetary contributions received from other persons living with the claimant. If the claimant and spouse are not living together, each may file a separate claim.

Line 1: Wages, salaries, tips, etc. - Enter the total wages, salaries, tips, bonuses, and commissions received.

Line 2: In-kind Assistance - Enter any portion of your housing expenses including utilities that were paid for you. Do not enter Federal Energy Assistance.

Line 3: Title 19 Benefits - Enter your Title 19 benefits received for housing expenses. Do not include medical benefits.

Line 4: Social Security Income - Enter the total Social Security benefits received even if not reportable for income tax purposes. Include any Medicare premiums withheld.

Line 5: Disability - Enter the total received for disability or injury compensation, even if not reportable for income tax purposes.

Line 6: All pensions and annuities - Enter the total received from pensions and annuities, even if not reportable for income tax purposes.

Line 7: Interest and Dividend income - Enter taxable interest income, plus **all** interest income from federal, state and municipal securities.

Enter taxable dividends and distributions received. Include cash dividends and dividends paid in the form of merchandise or other property and report at fair market value.

Line 8: Profit from business and/or farming and capital gains - Enter profit from business and/or farming, and any gains received from the sale or exchange of capital assets. Capital losses are limited to the same amount that you are allowed to report for income tax purposes. **Any loss must be offset against gains, and a net loss must be reported as zero.**

Line 9: Monetary contributions - Enter **money** received from others living with you. Do not include goods and services received.

Line 10: Other income - Enter total income received from the following sources:

- (a) Child support and alimony payments.
- (b) Welfare payments. Report FIP and all other welfare program cash payments. Do not include foster grandparents' stipends or non-cash government assistance (food, clothing, food stamps, medical supplies, etc.)
- (c) Insurance income not reported elsewhere.
- (d) Gambling, unemployment, and all other income not reported elsewhere.

Line 11: Total household income - Add Lines 1 through 10. Enter total here.

This claim must be filed with your county treasurer by June 1, 2009.

The treasurer may extend the filing deadline to September 30, 2009, or the Director of Revenue may extend the filing deadline to December 31, 2009.

**For Assistance:
contact your
county treasurer**